Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 11/13/2019 IL6004139 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 15600 SOUTH HONORE STREET **HEATHER HEALTH CARE CENTER** HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint investigation: 1998092/IL117193 S9999 \$9999 Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)2) 300.3240 a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300,1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 12/05/19

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING 11/13/2019 IL6004139 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 15600 SOUTH HONORE STREET **HEATHER HEALTH CARE CENTER** HARVEY, IL 60426 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were followed and obtain the needed services of an outside specialist in gynecology for one resident (R1) exhibiting vaginal signs/symptoms out of three residents reviewed for the provision of care to meet the resident's needs in a sample of 6. This failure resulted in a 6 month delay in the identification/treatment of R1's vulvar cancer which subsequetly spread to R1's pelvic lymph nodes and required intensive treatment with chemotherapy and/or radiation. Findings include: On 11/13/19 at 10:30am, V12, LPN (Licensed Practical Nurse), stated that in February, R1 went to an appointment at an outside gynecology medical office, but was noncompliant at this visit. V12 stated that V12 is unsure if this office sent any documentation from R1's appointments. V12 stated that R1 was seen at a different outside gynecological medical office recently; no documentation was sent with R1 upon returning

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to the pelvic lymph nodes; testing showed 2 or more lymph nodes are involved. V13 stated that cancer treatment has a curative goal. The plan was for R1 to receive 5 hour chemotherapy treatment starting on 10/25, but R1 refused it. Yesterday, it was determined that chemotherapy would be stopped and radiation treatment started.

treatments, she will be re-assessed for response to treatment. If the cancer does not respond to

After R1 receives 5 weeks of radiation

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: __ B. WING IL6004139 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET **HEATHER HEALTH CARE CENTER** HARVEY, IL 60426 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 the radiation treatments, R1's prognosis is poor. Review of R1's hospital medical record, dated 8/29/19, notes R1 was seen in emergency room for complaints of vaginal pain. Noted to have painless genital ulcers and significant vulvar dermatitis on the right with some surrounding redness with a 9cm (centimeter) ulcerated cauliflower like mass on the right vulva and a palpable inguinal lymph node on the right greater than 4cm that was fixed and matted. CT scan (computed tomography) of R1's abdomen and pelvis demonstrated a diffuse soft tissue density in the perineum and enlarged necrotic bilateral inguinal lymph nodes. Review of R1's medical record notes the following: On 1/16/19 at 3:54pm, V12, LPN, noted R1 went to gynecologic clinic and did not cooperate to be seen by doctor. R1's family was asked to go with R1 to the next rescheduled appointment. On 2/8 at 1:45pm, V11, LPN, noted R1 seen by V10, NP (Nurse Practitioner), who gave orders for gynecological consult and pelvic ultrasound. Orders will be entered by V11. On 2/26 at 2:45pm, V4, LPN, noted R1 out to gynecological appointment, alert and oriented. No complaints of any pain. R1 returned at 1:30pm. Gynecologist stated that R1 would need to see a specialist to do exam. Nursing to follow-up. On 8/22 at 2:42pm, V12, LPN, noted R1 returned from appointment with gynecologist. During appointment, V12 received a call from the gynecologist with recommendations to send to hospital for further evaluation based on findings

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during exam.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004139	B. WING		C 11/13/	2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE COMPLETE THE APPROPRIATE DATE	
S9999	(attending physicia gynecologist's cond send R1 to the hos gynecology. On 9/1, R1 was reorders for follow-up (gynecology oncolor On 10/25, R1 went chemotherapy for 8 but refused chemo On 11/12, the facilit department at hosy will be stopped and treatment. Treatment There is no docum seen by a gynecolor Neither V1 (Adminiof Nursing), were a with any document appointments schearranged for R1 be Review of R1's gyr 2/26/19, notes una evaluation of pelvis Review of R1's gyr 8/22/19, notes R1 vaginal odor. Phystotal breakdown of tender. Unable to expressed pain where Review of this facility of Review of this facility of R1 was send to the reader. Unable to expressed pain where R1 was send R1 was sen	No. V12, LPN, called V9 n) and made V9 aware of R1's cerns, and received orders to pital for medical evaluation by admitted to this facility with appointment with V14 orgist) on 9/17/19. out for testing and to receive thours. R1 had testing done therapy. It was notified by the Oncology of R1 will begin radiation ent dates to be determined. The entation found noting R1 was orgist between 2/26 and 8/22. Instrator) nor V3, DON (Director able to provide this surveyor ation of any gynecological eduled or transportation entated or transportation entated between 2/26 and 8/22. The ecology appointment, dated be to place R1 for proper so, referred to hospital. The ecological appointment, dated presented for evaluation of sical examination: gynecology: perineal skin. Area pink and perform pelvic exam as R1 en area was touched.	\$9999			
	processing policy, receiving the verba	dated 06/2019, notes the nurse of the date of the date of the date. Sign the order with				

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PRINTED: 01/29/2020 **FORM APPROVED** Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING _ IL6004139 11/13/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 15600 SOUTH HONORE STREET **HEATHER HEALTH CARE CENTER** HARVEY, IL 60426 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 the first and last name and title of the prescriber, and the nurse's first and last name and title. Write order on the physician's order form. The physician or nurse practitioner shall review and countersign verbal orders during his next visit. (A)

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